



Group Membership Application Form

Contact Person:

First name:

Last name:

Position:

Organisation:

Email address:

Phone Number:

I hereby confirm that I am the head of the office, authorised to request for a group membership for the individuals listed below

Group Membership:

	First name	Last name	Email Address	Membership Fee*
1				€ 250
2				€ 240
3				€ 230
4				€ 220
5				€ 210
6				€ 200
7				€ 190
8				€ 180
9				€ 170
10				€ 160

* For each additional employee nominated, €10 will be deducted off their membership fee down to €60



Invoicing details

Organisation name: (if different than above)

VAT Number:

Address:

PO number and/or reference number:

Additional information to request

Please complete and return the application form by email to hq@astp4kt.eu and include '**Group Membership Application**' in the email subject line.